



		Initial below
Parental Consent	I hereby verify that the above information is true and correct, and that my child is physically fit for Summer Camp. I hereby consent to and approve of my child participating in the Summer Camp and give permission for my child to take part in any and all field trips. I authorize the Summer Camp staff to seek emergency medical care for my child if I cannot be located immediately.	
Parental Waiver	I understand the risks associated with participating in this camp and hereby waive, for myself and the above-named child, any and all claims, demands, and rights of action against the County of Chesterfield or Chesterfield County Sheriff's Office, and its employees, for any injury or accident which may occur to the above-named child as a result of participating in this camp.	
Parental Waiver	I hereby agree to indemnify and hold harmless the Chesterfield County Sheriff's Office, and any of their agents, employees, officers, volunteers, and directors, from any and all costs and expenses as a result of any demand, claim or assertion of liability under any municipal, state, or federal law or cause of action arising or alleged to have arisen out of any act or omission of, or the use of real or personal property belonging to Chesterfield County Sheriff's Office, or any of their agents, employees, officers, volunteers, or directors.	

Date _____



CHESTERFIELD COUNTY SHERIFF'S OFFICE
Summer Camp
August 1-5, 2022



Name of Child: _____
Please print

Name of Parent or Guardian: _____
Please print

Instructions: Before your child can attend our summer camp, this form needs to be completed **in its entirety**. We are requesting that you review our request for permission to use your child's photograph and quote. More complete information on each request is detailed below.

1) PERMISSION TO USE PHOTOGRAPH AND QUOTE

During the week of August 1st – August 5th, your child may be photographed during his/her attendance at our Summer Camp. This authorization will allow the Chesterfield County Sheriff's Office (CSO) and Chesterfield County to use photographs and/or quotes from your child for educational or promotional purposes in any type of media, including its website.

I authorize the CSO and Chesterfield County to use photographs of my child, _____, taken by the CSO or Chesterfield County during activities at the Summer Camp for educational or promotional purposes in any type of media, including its web site. The CSO and Chesterfield County has permission to use the photograph, child's name, quote, or other identifying information for an unlimited number of times. Photographs or quotes may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date: _____



CHESTERFIELD COUNTY SHERIFF'S OFFICE
Summer Camp
August 1-5, 2022



MEDICAL HISTORY FORM

Participant Name : _____ (Nickname): _____

Date of Birth: _____ Age at Camp: _____ Grade: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Home Address _____

Home Phone: _____ Daytime Phone _____ Cell Phone _____

Emergency Contact: _____ Phone: _____

If not available in an emergency, notify: _____

Name Relationship: _____ Phone: _____

HEALTH HISTORY

The following information must **be completed** by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

ALLERGIES List all known medical and food allergies.

_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

SPECIAL DIET If your child requires a doctor prescribed diet, please indicate diet and reason below.
(Please attach sample menu or special food list.)

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines to camp that require prescriptions. We will administer the non-prescription medications to campers upon their request or instruction from parent/guardian. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Parent/Guardian Authorization: This health history is correct and complete as far as I know. I agree to notify the Camp Coordinator if any change occurs in my child's medical condition before arriving at camp. The person herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Chesterfield County Sheriff's Office and its staff from any and all liability for any injury or illness incurred at camp. Final permission is given to use any pictures of the above mentioned minor for promotional purposes.

Signature of parent/guardian: _____

Printed Name: _____ Date: _____



CHESTERFIELD COUNTY SHERIFF'S OFFICE
Summer Camp
August 1-5, 2022



GENERAL QUESTIONS

(Explain "yes" answers (below))

Has/does the participant:

- | | |
|---|---------|
| 1. Have a chronic or recurring illness/condition? | Y__ N__ |
| 2. Ever been hospitalized? | Y__ N__ |
| 3. Have frequent headaches? | Y__ N__ |
| 4. Ever had a head injury? | Y__ N__ |
| 5. Ever had frequent ear infections? | Y__ N__ |
| 6. Ever passed out during or after exercise? | Y__ N__ |
| 7. Ever been dizzy during or after exercise? | Y__ N__ |
| 8. Ever had chest pain during or after exercise? . | Y__ N__ |
| 9. Ever had seizures? | Y__ N__ |
| 10. Have asthma? | Y__ N__ |
| 12. Ever had high blood pressure? | Y__ N__ |
| 13. Ever been diagnosed with a heart murmur? | Y__ N__ |
| 14. Ever had back problems? | Y__ N__ |
| 15. Wear glasses, contacts or protective eyewear? | Y__ N__ |
| 16. Have an orthodontic appliance being brought.... | Y__ N__ |
| 17. Have any skin problems?(itching, rash, acne, etc).. | Y__ N__ |
| 18. Have diabetes? | Y__ N__ |
| 19. Ever had an eating disorder? | Y__ N__ |
| 20. Have emotional difficulties for which professional help was sought? | Y__ N__ |

Please explain any "yes" answers, noting the number of the questions.

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.



CHESTERFIELD COUNTY SHERIFF'S OFFICE
Summer Camp
August 1-5, 2022



CAMPERS SWIMMING PERMISSION SLIP

I, _____, give permission for my child to participate in swimming activities during the week of August 1st – 5th at the 2022 Summer Camp. My child has / has not (circle one) previously completed swimming lessons, by a licensed aquatic professional.

Child's Name: _____

Address: _____

Parent's Name: _____

Telephone: _____ Emergency Contact: _____

Parent's Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

CSO Camp Coordinator: _____ Date: _____